

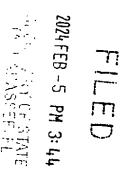
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## **COVER LETTER**

10:	Division of Corp		*	,
eran ri		PIRE GROUP, LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		ESTHER A NAHMANI IS	SMAN	
			Name of Person	
			Firm/Company	
		20281 E. COUNTRY CLU	JB DR UNIT 905	
			Address	
		AVENTURA, FL 33180		
		yolorealtyteam@gmail.com	City/State and Zip Code	
			to be used for future annual report noti	fication)
For fu	rther information co	oncerning this matter, please ca	all:	
ESTH	IER A NAHMANI	ISMAN	954 646-2777 at ( )	
•	Name of	Person	Area Code Daytim	e Telephone Number
Enclos	sed is a check for th	e following amount:		
<b>≡</b> \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	<u>s:</u>	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YOLO EMPIRE GROUP, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company lorida document number <u>L22000425804</u> .	y were filed on 10/03/2022	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
STHER NAHMANI ISMAN LEC		
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		29
		. 24
nter new mailing address, if applicable:		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
Mailing address MAY BE A POST OFFICE BOX)		% <u>p</u> M
		70 w U
		- <del></del>
<ol> <li>If amending the registered agent and/or registered office gent and/or the new registered office address here:</li> </ol>	address on our records, enter the n	(Y) T
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	rmer r torida street address	
	Florida	
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			□Remove
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Note:	ive date, if other than the date of filit fective date is listed, the date must be specific at If the date inserted in this block does not nent's effective date on the Department of	t meet the applicable st	of filing or more than 90 days after tatutory filing requirements, thi	onal) Hiling.) Pursuant to 605,0207 (3)() s date will not be listed as the
f the recordis fi	rd specifies a delayed effective date, but no led.	ot an effective time, at	12:01 a.m. on the earlier of: (b	) The 90th day after the
Dated	FEBRUARY IST	2024		
Datett		20 1		
	_	/	representative of a member	

Typed or printed name of signee